

P01000073015

CARLTON THOMAS

Requester's Name

3045. ORANGE BLOSSOM Trail

Address

ORLANDO FL 32805-467-649-1600

City/State/Zip

Phone #

FILED
01 JUL 24 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. OLIVER CONSTRUCTION OF CENTRAL FLORIDA INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-07/25/01--01040--001
*****78.75 *****78.75

Examiner's Initials

[Handwritten signature]

ARTICLES OF INCORPORATION

FOR

OLIVER CONSTRUCTION OF CENTRAL FLORIDA INC.

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ARTICLE ONE

THE NAME OF THE CORPORATION IS: OLIVER CONSTRUCTION OF CENTRAL FLORIDA INC.

ARTICLE TWO

THE PERIOD, TERM AND DURATION IS **PERPETUAL**.

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS' BUSINESS AS A FULL SERVICE CONSTRUCTION COMPANY, WHEREIN, WE WILL PROVIDE CONSTRUCTION AND ANY OTHER RELATED SERVICES AS PROVIDED FOR BY STATUE. ALL OF THE COMPANY'S BUSINESS WILL BE CONDUCTED UNDER THE NAME OF OLIVER CONSTRUCTION OF CENTRAL FLORIDA INC.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH ENHANCED OLIVER CONSTRUCTION OF CENTRAL FLORIDA INC SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS' INITIAL REGISTERED OFFICE IS 5901 LUZON DR. ORLANDO, FLORIDA 32809, **THE NAME OF THE REGISTERED AGENT IS STEPHEN J. OLIVER SR.** WHOSE ADDRESS IS 5901 LUZON DR. ORLANDO, **FLORIDA ZIP CODE NUMBER 32809.** THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE, WHICH IS 5901 LUZON DR. ORLANDO, FL. 32809.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS IS ONE. THE NAME AND ADDRESS OF THE PERSON WHICH WILL SERVE AS DIRECTORS ARE AS FOLLOWS:

NAME

STEPHEN J. OLIVER SR.

ADDRESS

5901 LUZON DR.
ORLANDO, FL. 32809

ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CARLTON THOMAS
304 SOUTH O.B.T.
ORLANDO, FL 32805

A handwritten signature in cursive script that reads "Carlton Thomas". The signature is written in black ink and is positioned to the right of the printed name and address.

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

**CERTIFICATE OF DESTINATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

**OLIVER CONSTRUCTION OF CENTRAL FLORIDA
INC.**

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

(NAME)

STEPHEN J. OLIVER SR.
(PO BOXES NOT ACCEPTABLE)
5901 LUZON DR.
(CITY/STATE/ZIP)
ORLANDO, FL. 32809

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED AGENT.


SIGNATURE

DATE

7-23-01

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